

NEW JERSEY ACUTE CARE HOSPITALS
2003 COST REPORTS

C-6

Hospital: _____

Hospital Number: |_____| |_____| |_____| |_____|

NURSING SERVICE DETAILS

Do not change any preprinted
wording on this form.

			Hours (Whole Numbers)	Costs (\$000's)							
			A	B	C	D	E	F	G	H	I
			Employees (2)	Salaries	Supplies	Contract Services	Other Expenses	Dep. & Fac. Int.	Lease Cost	Expense Recovery	TOTAL COST
Employees (2)											
1	RNS	Registered Nursing Services									
2	LPN	Licensed Practical Nursing									
3	ATT	Nursing Attendants									
4	CLR	Unit Clerical Services									
5	TOTAL Inpatient (1)										

(1) Should agree with Form C, Page 1, MSA, PED, OBS, PSA, ICU, CCU, NNI, NBN.

(2) No physician salaries and fees should be included.